

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CIRCUIT CLERK AND REGISTER
GENEVA COUNTY
200 NORTH COMMERCE ST
P O BOX 86
GENEVA AL 36340

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *David L. GALELAYS*

B. Received by (Printed Name)

GALELAYS

C. Date of Delivery

9/18/07

D. Is delivery address different from item 1?
If YES, enter delivery address below:1:07CV660
#9 order☐ Agent☐ Addressee☐ Yes☐ No

3. Service Type

☐ Certified Mail☐ Registered☐ Insured Mail☐ Express Mail☐ Return Receipt for Merchandise☐ C.O.D.

4. Restricted Delivery? (Extra Fee)

☐ Yes2. Article N
Transfer

7007 1490 0000 0026 6565

Domestic Return Receipt

102595-02-M-1540